

VITAL SIGNS



VOL II No. 13

Naval Regional Medical Center, Orlando, Florida

1 October 1980

Uncle Jack was here

For the third year in a row, Uncle Jack Rosen roamed the ramps of NRMC, sketch pad in hand. His magic pencils worked furiously at every meeting of patients and staff. His special caricatures, produced in seconds, created laughter and happiness and provided a lasting memento for all his subjects. Uncle Jack is retired and lives in New York, but every time he is in Orlando, he pays NRMC a visit. Thanks Uncle Jack for spreading your special brand of happiness!



Uncle Jack sketches STS3 C. Tanner



and CAPT Nickerson, Director of Nursing

Sailor of the Quarter

HM2 Randolph S. Beers, USN



HM2 Randolph S. Beers, USN, Surgical Service (Operating Room), has been selected as NRMC's Sailor of the Quarter for the Third Quarter, 1980.

Petty Officer Beers competed with 7 other petty officers for this honor and was selected based on his outstanding performance, personal conduct, appearance and devotion to duty.

The competition was keen and the caliber of all the nominees made the decision a difficult one for the Sailor of the Quarter Board. The other nominees were: HM1 D. E. Leightey, Radiology; HM2 A. Bergamo, Orthopedics; HM2 G. A. Dickson, Nursing Service; HM2 R. J. Patterson, Laboratory; HM2 J. Rangel, AMCC; HM3 Beth Herman, NRMC Annex; and HM3 J. Ruiz, Nursing Service. Congratulations to all!

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Noted for excellence - September inspection

LCDR M. L. Pratt
LCDR J. W. Treharne
LT D. C. Thomas
LTJG S. McAnarney
CWO2 M. L. Popovich

HMC G. Turner
HMC R. J. Wida
HM1 D. M. Welsh
HM1 P. Johnson
HM2 S. D. Scruton
HM2 J. E. Piriz
HN K. E. Owens

HN P. Miller was inadvertently omitted from the previous list.

Vital Signs Staff

Editor:
HMCM(SS) R. C. Clements, USN
Managing Editor:
Mary V. Van den Heuvel
Nursing Service Subeditor:
LT G. Holeman, NC, USN
NRMCM Annex Subeditor:
MMCM H. T. Hill, USN
Reporter/Photographer:
HM3 E. Kehoe, USN

Whoooozzit???



DO YOU KNOW THIS STAFF MEMBER? (Answer on Page 8,)

We're glad you're here!

LCDR J. Collins, MSC, from NRMCM, Guam
LT T. McCoy, MSC, from USS ENTERPRISE
LTJG S. Zorn, MSC, from OIS, Newport
CWO2 D. Baughman from NRMCM, San Diego
CWO2 J. Vance from NRMCM, Yokosuka
HMC J. Silvers from 3rd FSSG
HM1 F. Adgate from 2nd MAW, Cherry Pt.
HM2 G. Barbelet from USS PENSACOLA
HM3 N. Neal from NRMCM, Charleston
HN B. Kirby from NRMCM, Guam
HA I. Delgado from NSHS SDIEGO and
FMSS Camp Lejeune
HA T. Williams from HCS GLAKES and
FMSS Camp Lejeune
HA J. Hanna from HCS GLAKES and
FMSS Camp Pendleton

From HCS GLAKES:

HR R. South	HN L. Saltos
HR G. Phillips	HR D. Hylton
HR W. Haynes	HR D. Hagen
HR D. Frank	HA G. Flot
HA T. Artman	HA A. White
HA T. Wallace	

We're sorry you're leaving!

CDR N. Marcotte, NC, to NRMCM, Memphis
LT W. Doe, MSC, to USS NASSAU
HM1 M. Dale, SepLv and FltRes
HM3 J. Summitt, Separation Leave
HM3 C. Delaria to civilian life
HM3 M. Scott to civilian life
HM3 A. Bedashi to USS KITTY HAWK
HM3 R. Kiger to USS JOHN HANCOCK
HM3 W. Anthony to NRMCM, Guam
HM3 M. Peterson to civilian life
HMC J. Baum, SepLv and FltRes
HM2 R. Casto to civilian life
HN J. Schlichting to NRMCM, Okinawa
HM3 E. Kehoe to Keesler AFB, MS
To 2nd MarDiv, Camp Lejeune:
HM3 L. Lamb HM3 J. Butler
HM3 C. Petron HN S. Raithel
HM3 R. Lugo to 3rd MarDiv, Okinawa
HM3 J. Sumrall to 3rd FSSG, Okinawa
To 2nd FSSG, Camp Lejeune:
HN H. Rothert HN K. Atkins

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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN
Editor: HMCM(SS) R. C. CLEMENTS, USN

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RAMP PAGE

By HM3

Eileen Kehoe,
USN**What question would you like to ask the presidential candidates?**

HM1 Tony WASHINGTON, Operating Management: I would ask Mr. Carter: "What are your plans for military pay and defense spending - will you bring it up to "your" inflation rate or will it continue to lag behind!"



Shirley GRAHAM, Laboratory Service: "Why do we have to bear the brunt of other nation's wars when we are not at peace within our own country?"



HM2 Don FORD, ENT: "If elected, what can we, as active duty military, expect from you in relation to military build-up and support for the military families?"



LT Beverly AGNEW, NC, Nursing Service: "Why did it take an election year to get an 11.7% increase in pay?"



YN3 B. ANDERSON, Hospital visitor: I would ask Mr. Reagan, "What are your views on women serving on combat ships?"



Gloria CARTER, Fiscal and Supply: I would ask Ronald Reagan, "What will you do when you have to give up your script?"

(Editor's note: The similarity between the names of our interviewees and those of the political world... was deliberate!)

LAB LINE

By LCDR J. D. Cotelingam, MC, USNR

Our administrative staff

The Laboratory Service is considered one of the "big spenders" at NRMC in terms of total operating budgets. We also have a large staff of military and civilian personnel. The jobs of the Laboratory administrative staff largely involve management of our manpower and monetary resources and the effective use of these resources in the provision of quality laboratory services. LCDR Mike Pratt, LT John Vineyard, and HMCS Jim Rollen, make up the Laboratory administrative staff and we would like you to get to know them better.

LCDR Pratt is from Burlington, Iowa, a small town along the Mississippi River. After graduating from the University of



LCDR Pratt

Iowa, he was commissioned as an Ensign, MSC, and first reported to the NNMC, Bethesda. Since that time, his Navy career has taken him to the Naval Hospital, Charleston, SC; Naval Support Activity, DaNang, South Viet Nam; NRMC San Diego; a period of outservice education in Atlanta, GA; and now NRMC, Orlando. LCDR Pratt serves as the Blood Bank Officer and Laboratory Officer for the NRMC Main Laboratory. He and his wife, Sue, have four children and live in Winter Park.

LT Vineyard's home town is Grand Prairie, Texas. He joined the Navy in 1970 and started his career with recruit training right here in Orlando. He then proceeded to Hospital Corps School at San Diego and the Naval Medical Technology Program at NRMC, Great Lakes. During this time, he received his second baccalaureate degree. His next duty station

was the Naval Hospital, Annapolis, followed by the USNH at Subic Bay. While at Subic Bay, he received a direct commission as a LTJG and then served as the Administrator of the Laboratory Service, NSMC, New London, CT. In September, 1979, he joined our staff and serves as our Regional Laboratory Officer. LT



LT Vineyard

Vineyard and his wife, Allyson, live in Orlando. Allyson attends Valencia Community College and the University of Central Florida.

Senior Chief Rollen claims the Navy as his home town and to look at the list of his duty stations, one would be inclined to believe it.

The list is too long to quote but some of the more interesting ones include the Naval Medical Research Institute, Bethesda, the Armed Forces Institute of Pathology in Washington, DC, the Health Sciences Education and Training Command, also in Washington, DC, and, of course, the most



HMCS Rollen

interesting duty station of all, NRMC, Orlando. Senior Chief Rollen is the Leading Chief of the Laboratory and completes our team of Lab administrators. He lives in Altamonte Springs with his wife, Judy, and their three daughters.



**Navy
Birthday**
October 13, 1980

NURSING**SERVICE**

By LT Greg Holeman, NC, USN

Something to think about

Not long ago, I had the occasion to observe an unusual happening in the waiting area outside the AMCC and ER. As I looked about, I noticed a good number of patients awaiting service. One woman was semi-supine and in obvious distress. A man offered a cool "Good Morning, sir," but reserved conversation for another time. "Mr. Jones, you will be seen now," sounded a lukewarm voice behind the window.

To the side of the waiting area, I could hear loud laughing as a staff member walked toward the pharmacy, obviously humored. Seconds later, I heard a more hostile exchange between two staff members, each threatening the other with report. Both were E-3.

Across the E.R. side, a woman sat while her husband received treatment for an emergency condition. She was obviously grieved, especially when near her, two unsuspecting staff had a necessary, but not too optimistic discussion concerning the treatment and long term prognosis of her husband. They had no idea she sat so near the partition that separated them from the waiting area and their emotionally detached conversation surely must have compounded her fear and anxiety. How these interactions affected the other patients in the waiting area, I have no real method of determining. The way it affected me is obvious.

Looking back into the past, I can recall both the hilarious and the not-so-funny interactions between fellow staff members and some of our patients. Several misinterpretations of actions and intentions, on both sides, made me realize how the stress of the hospital environment can alter the normal responses of individuals. Patients are generally very sensitive to even our most innocent conversations and actions. They expect a lot -- justifiably so.

I'm glad to know that we expect as much, if not more, of ourselves. The last few inservice classes, as well as the patient contact classes, have been full and the responses positive. All of the staff members at NRMC are as good as they come and I am glad to know that we're all willing to take the time to learn more about ourselves and ways to improve our contacts with the patient population. Keep up the good work!

**CRA NOTES**

By Joyce Sienia

**Oktoberfest****Wer?** FOR ALL HANDS**Wo?** 17 OCTOBER - 1630**Wenn?** ROPE YARN

One dollar for a ticket will get you great German food, beer, and entertainment. Bitte kommen!

* * *



CRA BIRTHDAY GREETINGS TO: Sherrie Utech on 1 Oct; Emily Pirtle and James Wilson on 4 Oct; William Giba on 6 Oct; George Walton on 8 Oct; Linda Andersohn and Catherine Davidson on 10 Oct; Joyce Hawkins on 12 Oct; Harriette Cuthrell on 13 Oct; Beacher Skeens on 16 Oct; Margaret Castrianni on 17 Oct; Lois Ziglar on 19 Oct; Mary Davis on 20 Oct; Jane McCrea on 21 Oct; Robert Waldron and Jerome Walker on 22 Oct; Richard McGuire, James McIntyre, and Minnie Tryon on 27 Oct; Patricia Horn on 28 Oct; and Maria Parrish on 31 Oct.

Food Management Service

They make dining a pleasure!



**Ulysses Hood, Food Service
Worker, Foreman**



Albert Larrivee, General Foreman



**LCDR Gary W. Dumais, MSC, USN
Chiefl, Food Management Service**



William Taylor, Cook



Ted Joyal Sr., Baker



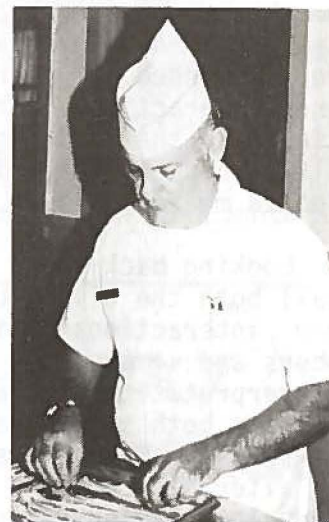
Coke Berryman, Cook



**Judith Brooke, Health Technician
(Dietetics)**



Oliver Bellamy, Cook Foreman



Francis Reilly, Cook

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SUPPLEMENTAL PAGE C



Arrie Barnes, Food Service Worker



William Walker (left) and Arthur Baley, Food Service Workers



Corrine Partin, Health Technician (Dietetics)



Floyd Keller, Cook



LT Barbara Fieldman, MSC, USN, Dietician



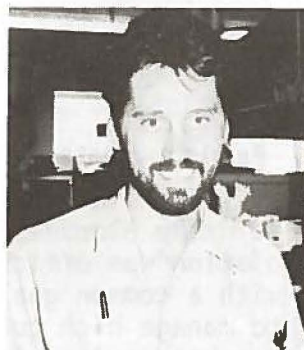
Chauncey Jackson (left) and Stanley Powell, Food Service Workers



James Wester, Food Service Worker



Thomas Van Ellis, Cook Foreman



HM3 Jeff Kuchan, USN, Warehouseman



Jerome Walker, Cook



William Giba, Cook

National Jogging Day - 11 October

NRMC's Department of Podiatric Medicine will observe National Jogging Day on Saturday, 11 October, by sponsoring a Podiatric Sports Medicine Clinic. The theme of this year's event is "Jogging: Every Body's Right."

The Clinic will be held in the Naval Regional Medical Center, William G. Lawson Conference Room, Ward 17, starting at 10 a.m. To pre-register or to obtain further information, please call the NRMC Podiatry Clinic, X4164. Only limited seating will be available.

This special NRMC program will be open to all interested, health care beneficiaries (active duty and retired) and will feature noted sports medicine lecturer, Dr. Burton Bornstein, of Orlando. Dr. Bornstein is the consulting podiatrist to the University of Central Florida (Athletic Department) and to numerous sports medicine programs throughout the State of Florida.

Mr. George Antonelli, the 1980 Chairman of National Jogging Day, said: "This tenth annual event is to encourage personal health through safe, enjoyable, exercise. The event will include races, fun runs, picnics, sports medicine seminars and clinics, walkathons, bike races, fitness fairs, and much, much more." Mr. Antonelli added, "Our goal is to encourage as many people as possible to participate in some form of fitness activity and to help ensure them the opportunity to enjoy safe and healthy exercise."

The National Jogging Day event is sponsored by the National Jogging Association in cooperation with the American Podiatry Association and the President's Council on Physical Fitness and Sports. If you desire further information about National Jogging Day, you may contact the National Jogging Association, 2420 K St., Washington, DC 20037.



Lunch hour joggers - (left to right): CWO2 Ron Woodruff, CWO3 Fred Sumner, and HN Mike Dinardo.

Photo by LCDR A. D. Saleker, MSC, USN

You've heard of Attaboys - - this is an Attagirl!

Patricia Johnson, NRMC's Tumor Registrar, has been elected as the "President-Elect" of the Florida Tumor Registrar's Association. Patricia will serve her term in 1981.



Patricia Johnson

A Tumor Registry is a coordinated cancer data collection and dissemination system designed for the purpose of improving the quality of cancer patient care. Each Registry is managed by a Tumor Registrar who is educated in current cancer trends, staging and coding systems and statistics.

The Florida Tumor Registrars Association was officially established in 1978 with a common goal of skilled personnel to manage high quality registries. Pat has been active in this field since 1976 and has played a key role in organizing the Florida Association.

... From the other side!

By HMC J. A. Baum, USN

Health Records Section

The Health Record Section, one of the busiest areas within the NRMC complex, consists of two separate areas: Active Duty Health Records and Recruit Health Records. Both areas, however, have the same function and mission, i.e., to maintain and compile accurate medical information for the Orlando-based Navy men and women. Separate active duty health record offices are located at NRMC and Nuclear Power School.

Recruit Health Record Section is responsible for manufacturing the initial medical record for the new recruit. Each month, approximately 2400 new records are constructed by a crew of three hospital corpsmen, HM2 Mike Dally, HN Gary Peterson, and HN Tim Miller. Supplementing the regular crew, we usually have from 4 - 6 "extras." These extras are either recruits awaiting medical discharge, CETA workers, or NAVET corpsmen. After completion, the records are filed and maintained either at the Annex or in the division sick call areas. The final processing and verification of the records for transfer is accomplished by Mrs. Carolyn Green and Ms Wanda Smith.

Our recruit filing and disposition area, where the recruits check in and out for sick call, is staffed by HN Mark Lawrence and Mrs. Diana Woodrum, who just replaced Ms Barbara Jacques. Here, the patients are triaged, logged in and, after treatment, logged back out to their divisions. In between patients, health records are maintained and filed. Also, in this area, Mr. Carey Norman schedules hospital and civilian consultant appointments for both recruit and active duty patients.

The Active Duty Record Section does not do any manufacturing, per se, with the exception of adding the terminal digit

jacket, but it stays just as busy. Here, records are received, maintained, checked out to sick call and various clinics, filed and finally prepared for transfer. Approximately 2,800 records are kept on file at present, but this number seems to be increasing all the time. This area is staffed by Ms Jody Barker and Mrs. Lynn Bolstein.

The work may be tedious at times and may seem never-ending, but it is still rewarding. The NRMC Annex Health Record Section is a high volume, patient contact, area where the staff faces the challenge daily to provide fast, courteous, service to the patient. Oftentimes, this Section is the initial contact of the recruit with the medical staff. This initial meeting is ever so vital in contributing to the mission of this command and the Navy Medical Department and our Record Section strives to ensure that it is a good one.

It's time for CFC

The 1981 Combined Federal Campaign got underway on 30 September. Co-chairpersons for NRMC are CDR Patricia Clancy, NC, and LCDR Michael L. Pratt, MSC. There are 30 key persons assigned throughout the Medical Center to assist you in making a contribution. There are 19 National Health Agencies, 10 International Service Agencies, 77 United Way Agencies, and 2 National Service Agencies who will be anxiously awaiting the outcome of this year's campaign.



The keypersons will be contacting all staff members, providing contribution cards, and a brochure listing the agencies supported by CFC. Our goal is for total participation. No matter how little a donation may be, every gift will be appreciated and graciously accepted.



Chaplain's Comments

By CDR W. E. Tumblin, CMC, USN

The poor-me syndrome

When we got caught with our hand in the cookie jar, a favorite ploy was to point to the nearest person, saying, "He started it." This approach is at least as old as Adam and Eve.

Being in the spotlight in a negative way is no fun. But never being in the spotlight at all is perhaps worse. And that is a real possibility for anyone in the military or who works for the federal government. Sometimes it is downright impossible to determine who is to blame when things go wrong. And just about as hard to know who to praise when things go well. When many people are involved in doing a job, it almost always guarantees that no one will be recognized for the successful end-product. This is a hazard we face at NRMHC. For we, being many, contribute to delivering quality health care to each patient. But the efforts of some outstanding, efficient, talented workers may be blurred or overlooked entirely because of their location or work period. And to feel slighted, is to lay the ground work for growth of the weed known as "poor me."

When we are slighted, most of us either pout (become passive complainers), become belligerent (view others as the problem and attack), or run away from the pain through some absorbing experience (fly into a fantasy world). Intense psychic experiences (primarily chemically induced) and shallow sexual encounters rank high as runaway preferences for young adults. But whatever destructive forms these may take, they are only localized thunderstorms compared to the molten heat of angry lava that collects below the surface for months before spewing forth in some gigantic eruption that destroys all who happen to be caught near the scene of action. When the personal slight felt by someone at work becomes the center of their life and the non-recognition carefully cultivated in isolation from loving judgment and caring concern, the disease I call the poor-me

syndrome develops. It manifests itself through constant affirmations that the person nurtures carefully and systematically when facing work tasks. "Poor me, I have to go to work today while all those lazy slob, who get paid by the government to do nothing, just stay home."; "Poor me, I always have to take my vacation after everyone else has taken theirs."; "Poor me, I always get sick when I need to be at my best."; "Poor me, I can't keep up with inflation because I work for the government."..... and the litany goes on.

The poor-me syndrome is a progressive disease that leads to spiritual death, cutting a person off from the refreshing Spirit of God. A person's sense of self-worth declines. Moral judgment becomes clouded and distorted while taking on increased religious/moral verbiage. Emotional growth is stunted. God becomes an object of ridicule or a scapegoat - - blamed for all inadequacies, failures, and setbacks in life.

Affliction with this disease must be broken by a power greater than the bondage. The powerful, suffering love of God has been manifested from Abraham, Moses and Isaiah to Jesus of Nazareth. And that power alone is stronger than the crippling, stifling disease of poor-me. To realize you are cut off from God and enslaved by the poor-me syndrome can be the beginning of redemption. "Working together with him, then, we entreat you not to accept the grace of God in vain. For he says, 'At the acceptable time I have listened to you, and helped you on the day of salvation.' Behold, now is the acceptable time; behold, now is the day of salvation." 2 Cor.6: 1-2 RSV



**"FEDERAL
PEOPLE
HELPING
OTHERS"**



Master Shipwreck

HMCN(SS) R. C. Clements, USN

Communication solves problems

One day, during the past month, I was sitting in my office when a Chief Petty Officer and his wife walked in with concerned expressions on their faces. I asked if I could help them and they said they wanted to speak with the Commanding Officer concerning in-patient treatment being provided their son. I asked if they would speak with me prior to me arranging for them to see the Captain. They agreed.

Their son, a 12 year old, had sustained second degree burns over approximately 20% of his body in an accident 3 days earlier. The child had been admitted to our facility for definitive treatment for this condition.

The parents insisted that they were not presenting a complaint, but were more concerned for the overall welfare of their son. The concern of the parents centered around the fact that this facility does not have a bonafide intensive burn unit, and they did not feel that the facility had the capability of treating a burn case of the magnitude their son had sustained. The lack of an isolation unit, strict sterile atmosphere, closed air conditioning facilities, were some of their concerns. After talking with Mom and Dad for a period of time, it became apparent that communications between the staff and the parents had created some of the anxiety the parents were experiencing. The parents also stated that they perceived a lack of concern by the attending physicians for the seriousness of their child's condition.

After evaluating the statements of the parents, I set out to consult with the attending physician. The attending physician assured me that this facility did have adequate capability to successfully treat this burn patient. He also

stated that if, in the event, difficulties were encountered we would transfer the patient to another facility post haste. Additional consultation with another physician was obtained and it was the considered opinion of the two physicians that a patient with similar burns would not be treated in an intensive burn unit in the civilian sector. The primary physician volunteered his assistance to personally speak with the parents and immediately voiced his regrets that this dilemma had developed between the parents and this health care facility.

The physician met with the parents and openly discussed the care being provided for their son, the capabilities of this facility, and contingencies for additional treatment or transfer of their son to another facility if indicated. The compassion shown by the physician provided instant relief for the anxiety exhibited by the parents. The meeting of parents and physician totaled less than 10 minutes.

I gave a heads-up on the situation to the Director of Nursing and to Physical Therapy. During a trip to our small exchange a few days later, I encountered the mother. The mother was over-flowing with praise for ward personnel, physical therapy, attending physicians, and the overall treatment that her son was receiving. In retrospect, I feel that it is incumbent on all of us to provide empathetic consideration to, not only the patient, but to the loved ones of those hospitalized. Be concerned, be professional, be observant, be a good listener, and most of all, be considerate of those we serve.



Plan ahead

1980 Holiday leave schedule:

1630 19 Dec to 0800 29 Dec

1630 29 Dec to 0800 8 Jan





ASK THE SKIPPER



By CAPT J. A. Zimble, MC, USN

MEMORANDUM

From: HM1 Gary A. Chasteen, USN
To: Commanding Officer

Subj: Indiscreet medical discussions

1. In the performance of my duties throughout the medical center, I have, numerous times, overheard staff members making negative remarks about other staff members, equipment, as well as the command's inability to provide adequate medical care. These remarks are made directly to, or in the presence of, our patients.

a. Doctors debating each other's technique within a few feet of a patient awaiting the same procedure.

b. Nurse complaining to a corpsman about a technician's ability to operate a life support system as she administers to a patient connected to the system.

c. Corpsmen talking in a negative manner about a Medical Officer with waiting patients within hearing distance.

2. I have been approached several times, by neighbors in housing, regarding comments made to them by staff members.

3. I have always been under the impression that 25% of our ability to treat the patient is limited or increased by the patient's belief or disbelief in our ability to perform our profession.

4. The purpose of this memo is to inform you of my observations. I feel this would be a good subject to be addressed in the "Vital Signs Ask the Skipper" column.

Very respectfully, G. A. Chasteen

I received the above memo several weeks ago. It speaks for itself - I need say no more. Thank you, HM1 Chasteen, for this perceptive reminder.

The ramps won't be the same...



HM3 Kehoe

The staff of "Vital Signs" finds it's time to say good-bye to our star reporter, HM3 Eileen Kehoe. HM3 Kehoe was one of first staff members to volunteer to help do the ground work necessary to start the paper and then to take an active role on the staff of "Vital Signs." HM3 Kehoe has been our Ramp Page Reporter and Photographer as well as our Photographer-at-Large covering staff functions, disaster drills, accidents, and unusual events.

HM3 Kehoe will be reporting to the Religious Program Specialist School at Keesler Air Force Base, Biloxi, MS. Her departure will be a loss, not only to "Vital Signs" and the command, but to the Navy Medical Department as well. We wish HM3 Kehoe "fair winds and a following sea" as she faces the challenge of a new rating!

Whooizzit?



Loar and his wife, Janelle, make their home in Orlando.

It's CDR Loar, our Director, Administrative Services. CDR Loar reported aboard in July 1979, from BuMed. CDR Loar first enlisted in the Navy in January, 1953, and served as a Yeoman until he received his MSC commission. He is a native of Ashland, Kentucky, is married and has four children. CDR